



Pesma Consulting

let us help you find a job

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AU-PAIR APPLICATION FORM

| GENERAL INFORMATION | | | |
|--|--|---|---|
| First Name Nume | | Male Masculin | Female Feminin |
| Last Name Prenume | | Age Varsta | |
| Address Adresa | | Birth Date Data nasterii | |
| | | Height Inaltime | |
| | | Weight Greutate | |
| Phone Number Nr. tel | | Hair Color Culoarea parului | Marital status: Single Stare civila: Necasatorit/-a |
| Fax Number Nr.fax | | Eye Color Culoarea ochilor | |
| Cell Phone # Nr. mobil | | City + Country of Birth Oras + Tara de origine | |
| Email Address Adresa email | | Nationality Nationalitate | |
| Passport Number Nr. pasaport | | First Available Start Date Disponibil pentru a incepe | |
| Passport Expiration Date Data expirarii | | Min. + Max. Length of Stay Durata sederii | |
| Preferred area: Zona preferata: | city <input type="checkbox"/> oras town <input type="checkbox"/> orasel countryside <input type="checkbox"/> sat any <input type="checkbox"/> oricare | If you have a specific area where you wish to be placed, please specify: Daca doriti o zona anume specificati-o: | |
| FAMILY BACKGROUND | | | |
| Father's Name Numele tatalui | | Occupation Ocupatia | |
| Mother's Name Numele mamei | | Occupation Ocupatia | |
| Address Adresa | | | |
| Telephone Number Nr. Tel. | | Are they supportive of your decision to come to UK? Sunt de acord cu venirea ta in UK? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cell Phone Number Nr. mobil | | | |
| Number of Children Nr. copiilor | | Place in Birth Order Clasifica-i in ordine crescatoare | |
| Religious Affiliation Religie | | Attendance Frequency Relatia familiei cu copiii | |

| DRIVING EXPERIENCE | | |
|---|--|---|
| Do you hold a driving licence? | | How do you feel: are you able to drive in the UK? <input type="checkbox"/> No <input type="checkbox"/> Yes, I am able to drive a car in the UK. <input type="checkbox"/> Yes, but I would be happy to take some lessons to practice. |
| When did you receive your driver's license? | | |
| How often do you drive?? | | |

| HOBBIES AND INTERESTS | | | | | | |
|--|--|---------------------|--|------------|--|-------------|
| Swimming | | Arts and crafts | | Running | | Reading |
| Riding | | Musical instruments | | Gymnastics | | Computers |
| Cycling | | Choir | | Writing | | Cooking |
| Skiing | | Dance | | Artwork | | Photography |
| Tennis | | Soccer | | Any: | | |
| How do you spend your evening free time? | | | | | | |

| OTHER: | |
|--|---|
| What are the reasons you want to be an Au Pair? Please rate your top five reasons for wanting to be an AuPair, with ONE being the most important reason, and FIVE being the least important reason. <i>„I would like to become an AuPair because it will give me the opportunity to...“</i> | 1. 2. 3. 4. 5. |
| Would you like to be placed with a family that has pets? | |
| Do you have a first aid certificate? | |

| YES OR NO QUESTIONS. Answer truthfully. | | | | | |
|---|--------------------------|--|--------------------------|--------------------------|---|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you get homesick? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Can you vacuum and dust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you lived away from home? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you prepared to help with light domestic work? (Most families require this) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you lived out of the country? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you have a criminal record? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever taken illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you have any financial commitments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you drink alcoholic beverages? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Do you have any physical or mental limitations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you smoke? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Are you currently taking any medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a first aid certificate? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Do you have any medical conditions requiring treatment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have any traffic tickets? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you have any allergies? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you been in a traffic accident? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Do you have any dietary restrictions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Would you like to be placed with a family that has pets? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Are you a vegetarian? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever been married? | <input type="checkbox"/> | <input type="checkbox"/> | 24. If you are a vegetarian, can you cook or be placed with a family who eats meat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Can you cook? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Are you willing to sign a NON SMOKING declaration? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Can you do washing and ironing? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Would you like to attend a language course? |

Please explain the details for all items to which you answered "yes"

| |
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| |
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| |
| <p>NO SMOKING DECLARATION. Read this if you answered YES to the 21'th question above. Today the vast majority of English families have strong views on smoking. If you do smoke, but agree not to in the home of your host family or when responsible for the children, then tick yes below. You will be expected to abide by your decision so consider.</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> |

| EMERGENCY INFORMATION | | | |
|------------------------------|--|-------------|--|
| Name | | | |
| Address | | | |
| City, State/Country | | Postal Code | |
| Phone | | | |

| | |
|---|---|
| <p>Declaration</p> <p>I hereby confirm that the information given above is true. I understand that failure to answer truthfully may lead to early termination of my position. I have read and understood the Au Pair fact sheet and wish to join the Au Pair Program. I understand that Pema Consulting provides an introduction between myself and a family and is not liable under any circumstances for any loss, damage or expense incurred by me.</p> | <p>Declaratie</p> <p>Declar pe propria raspundere ca informatiile furnizate de mine sunt adevarate. In caz contrar ele vor afecta pozitia mea de Au-Pair. Am fost informat cu conditiile de a fii Au-Pair si sunt de acord cu ele. Sunt de acord ca Pema Consulting sa intermedieze plasarea mea ca Au-Pair si ca nu isi asuma responsabilitatea in privinta pierderilor sau daunelor provocate de mine.</p> |
|---|---|

Date:

Signature: